



Pre-Employment Application

# Central Emergency Medical Services

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205 Hembree Park Drive, Suite 100  
Roswell, GA 30075  
404-851-9911

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## Pre-Employment Application

Central EMS is an equal employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, any disability as defined in the Americans with Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**PERSONAL** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First M.

Present Address \_\_\_\_\_  
No. Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

Are you a citizen of the U.S. or do have the legal right to be employed in the United States? Yes \_\_\_ No \_\_\_

Have you been convicted of any crime within the last 10 years (excluding minor traffic violations) including driving under the influence of alcohol or drugs? Yes \_\_\_ No \_\_\_

If yes, state the offense, location, date and disposition \_\_\_\_\_

\_\_\_\_\_  
Note: A conviction will not necessarily disqualify you're from employment.

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job you are applying for? Yes \_\_\_ No \_\_\_

If No, please explain \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Type \_\_\_\_\_ Currently Valid? Yes \_\_\_ No \_\_\_

### Employment Desired

Are you seeking Full-time \_\_\_ PRN \_\_\_

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date Available to start? \_\_\_\_\_

Have you ever applied to Central EMS before? Yes \_\_\_ No \_\_\_ If yes, state when and where you applied \_\_\_\_\_

Have you ever worked for Central EMS before? Yes \_\_\_ No \_\_\_ If yes, state when and where you worked \_\_\_\_\_

How did you learn of Central EMS and/or position openings? \_\_\_\_\_  
 \_\_\_\_\_

Are you now, or do you expect to be working in any other business or job? Yes \_\_\_ No \_\_\_

Are there any days or hours you would be unable to work? Yes \_\_\_ No \_\_\_ If Yes, please specify those days or hours you would be unable to work. \_\_\_\_\_

Is there any type of work which you will not perform? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_

<b>EDUCATION</b>			
Name Address and Location		Graduate	Courses Studied
<b>High School</b>	<b>Circle highest grade Completed</b> 9 10 11 12	Yes ___ No ___	Diploma:
<b>College</b>	<b>Highest number of years completed</b> 1 2 3 4 4+	Yes ___ No ___	Major: Minor: Degree(s):
<b>Trade School</b>	<b>Number of months attended</b> _____	Yes ___ No ___	Diploma Or Certificate

Are you planning to pursue further studies? Yes \_\_\_ No \_\_\_ If so, when, where and what courses? \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY**

Have you ever served in the military? Yes \_\_\_ No \_\_\_

Service Branch \_\_\_\_\_ Final Rank \_\_\_\_\_

What duties, training, or experience did you have while in the military which may be job related? \_\_\_\_\_  
 \_\_\_\_\_

**CAPABILITY / RELIABILITY**

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes \_\_\_ No \_\_\_

If Not, please explain \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_

Will you abide by the safety rules of Central EMS? Yes \_\_\_ No \_\_\_

Have you ever been disciplined for violating company safety rules or regulations? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_

How many days of work (or school) have you missed in the past 2 years? \_\_\_\_\_

How many times have you been late for work (or school) in the past 2 years? \_\_\_\_\_

Consistent attendance and punctuality are essential requirements of every job at Central EMS. Would you be willing and able to report to work on time every scheduled shift on a regular and consistent basis? Yes \_\_\_ No \_\_\_

If No, please explain \_\_\_\_\_

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been fired, or asked to resign from a job? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Work History**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR**

**DO NOT REFERENCE YOUR RESUME**

<b>Name OF Employer</b>	<b>Name and Title of</b>
<b>Address</b>	<b>Last Supervisor</b> _____
<b>City, State. Zip Code</b>	
	<b>Dates of Employment From Mo. _____ Yr. _____ TO Mo. _____ Yr. _____</b>
<b>Telephone ( ) _____</b>	<b>Nature of Business _____ Title _____</b>
<b>Reason for Leaving</b> _____	

<b>Name OF Employer</b>	<b>Name and Title of</b>
<b>Address</b>	<b>Last Supervisor</b> _____
<b>City, State. Zip Code</b>	
	<b>Dates of Employment From Mo. _____ Yr. _____ TO Mo. _____ Yr. _____</b>
<b>Telephone ( ) _____</b>	<b>Nature of Business _____ Title _____</b>
<b>Reason for Leaving</b> _____	

<b>Name OF Employer</b> <b>Address</b> <b>City, State. Zip Code</b>	<b>Name and Title of Last Supervisor</b> _____  <b>Dates of Employment From Mo.</b> _____ <b>Yr.</b> _____ <b>TO Mo.</b> _____ <b>Yr.</b> _____
<b>Telephone ( )</b> _____	<b>Nature of Business</b> _____ <b>Title</b> _____
<b>Reason for Leaving</b> _____	

**SUPPLEMENTAL EMPLOYMENT INFORMATION**

If you worked in any of your previous positions under another name, please give that name(s) below. (For reference checking purposes)

Name \_\_\_\_\_ Company \_\_\_\_\_ Name \_\_\_\_\_ Company \_\_\_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_ If Yes, may we contact your present employer? Yes \_\_\_ No \_\_\_

**SPECIAL SKILLS AND CERTIFICATIONS**

**EMS CERTIFICATIONS** Level EMT-I \_\_\_\_\_ EMT-P \_\_\_\_\_ RN \_\_\_\_\_

**Georgia Certification Numbers** \_\_\_\_\_

**Issued Date** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Please list any other certifications you hold** \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Do you type? Yes \_\_\_ No \_\_\_ Words Per Minute \_\_\_\_\_

Use this space below to describe why you are interested in working for Central EMS and to list those skills and abilities which your feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

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**REFERENCES – Give three references, not relatives or former employer**

Name	Address	Phone	Occupation

**AFFIDAVIT**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Central EMS to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Central EMS. I understand that the taking of drug and alcohol test, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody at Central EMS is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President and CEO of Central EMS. I also understand that my employment is "at-will" and may be terminated by myself or by Central EMS at any time for any reason or no reason at all, with or without notice.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Company Use Only**

Interviewed by:

Interviews remarks:

## PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Central EMS in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree to and hereby authorize the release of the results of said test to Central EMS.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Central EMS.

I further agree to hold harmless Central EMS and agents including any physician or clinic used by Central EMS, from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Central EMS's consideration of my application of employment.

I further agree that reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_